

Department of Health and Mental Hygiene

# Logon Maintenance Request

**INSTRUCTIONS:**

- 1.) Please supply LOGONID (if issued) and information requested in Section I.
- 2.) Please indicate the privileges individuals will need.
- 3.) List the requested file access needed. Place an A or P in the proper area (A=ALLOW P=PREVENT).
- 4.) List the requested data access needed. Place an A or P in the proper area (A=ALLOW P=PREVENT).
- 5.) Form must be signed by the section security monitor and division chief.

SECTION I:

CREATE

CHANGE

7

DELETE

7

LOGONID						
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ADMINISTRATION				
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[illegible]

TELEPHONE					-				
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SECTION II:

PRIVILEGES:

CICS:	
TESTCICS:	
TSO:	
BATCH JOBS:	

DIAL-UP:	
FILE TRANSFER:	
CARES:	

COMMENTS :

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## SECTION III:

## LIST TRANSACTIONS / SCREENS:

Transcode / Screen	Inquire Only	Add	Delete	Update

## SECTION IV:

## LIST DATA SETS NEEDED:

Data Set	Read	Write	Allocate	Exec

## SIGNATURES:

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Section Security Monitor

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Division Chief or Director

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/ /  
Date

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/ /  
Date